

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584059

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.		DEP.		IND.			IND.		DEP.		IND.	
	1	2	3	4	5	6	7	8	9	10	11	12	
1	1												51
2		1											52
3			1	2									53
4				1									54
5					1	0							55
6						0	1						56
7							1	0					57
8								0	1				58
9									1	0			59
10										0	1		60
11										1	0		61
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48													98
49													99
50													100
TOTAL IND.	1		↓		↓		↓		↓				
TOTAL DEP.	11		←		←		←		←				
TOTAL CLAIMS	12												

BEST AVAILABLE COPY